

**2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

21015.1982--3/9/2010



210151982

① CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PRES.
ROBERT P. SALDIVAR

8004-A ALBAN ROAD

SPRINGFIELD, VA 22150

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DUE DATE: **02/26/10**

SCC ID NO.: **0334773-9**

⑤ STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 8004-A ALBAN RD.	ADDRESS:
CITY/ST/ZIP SPRINGFIELD, VA 22150	CITY/ST/ZIP

⑦ DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ROBERT P SALDIVAR	NAME:
TITLE: PRESIDENT/TREAS	TITLE:
ADDRESS: 5723 ASH DR	ADDRESS:
CITY/ST/ZIP: SPRINGFIELD, VA 22150	CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

Robert Saldivar
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Robert Saldivar
PRINTED NAME AND CORPORATE TITLE

3-01-08

DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.

+ 0266782 000004603 095CC1

AF002V Rev 14 1/09



2010 ANNUAL REPORT CONTINUED

21015.1982--3/9/2010

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/26/10
SCC ID NO.: 0334773-9

210151982

⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: JO MARIE SALDIVAR TITLE: DIRECTOR ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: TITLE: ADDRESS: CITY/ST/ZIP:		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

21105.6656--3/8/2011



① CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/11

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
ROBERT P. SALDIVAR

SCC ID NO.:0334773-9

8004-A ALBAN ROAD

SPRINGFIELD, VA 22150

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

⑤ STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 8004-A ALBAN RD.	ADDRESS:
CITY/ST/ZIP SPRINGFIELD, VA 22150	CITY/ST/ZIP

⑦ DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ROBERT P SALDIVAR	NAME:
TITLE: PRESIDENT/TREAS	TITLE:
ADDRESS: 5723 ASH DR	ADDRESS:
CITY/ST/ZIP: SPRINGFIELD, VA 22150	CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

President

DATE

12/15/10

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.

+ 0311886 000004508 09SCC1

AF002V Rev 14 1/08

2011 ANNUAL REPORT CONTINUED

21105.6656--3/8/2011

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/11
SCC ID NO.: 0334773-9

⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JO MARIE SALDIVAR TITLE: DIRECTOR ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21202.0593--1/9/2012

File online at
sccefile.scc.virginia.gov



2012
 APR
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 2012

1. CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
ROBERT P. SALDIVAR
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DUE DATE: **02/29/12**

SCC ID NO.: **0334773-9**

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 8004-A ALBAN RD.	ADDRESS:
CITY/ST/ZIP SPRINGFIELD, VA 22150	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed.
 An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ROBERT P SALDIVAR	NAME:
TITLE: PRESIDENT/TREAS	TITLE:
ADDRESS: 5723 ASH DR	ADDRESS:
CITY/ST/ZIP: SPRINGFIELD, VA 22150	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

[Signature]
 SIGNATURE OF DIRECTOR/OFFICER
 LISTED IN THIS REPORT

Robert S. Saldivar, President
 PRINTED NAME AND CORPORATE TITLE

11/11/12

DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

+ 0355963 000004523 09SCC1
 AF002V Rev 15 2/11

2012 ANNUAL REPORT CONTINUED

21202.0593--1/9/2012

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/29/12
SCC ID NO.: 0334773-9

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
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OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: JO MARIE SALDIVAR TITLE: DIRECTOR ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: TITLE: ADDRESS: CITY/ST/ZIP:		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213509722

1.) CORPORATION NAME: SALDIVAR & ASSOCIATES, INC.		DUE DATE: 2/28/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT P. SALDIVAR 8004-A ALBAN ROAD SPRINGFIELD, VA 22150		SCC ID NO: 03347739				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY		5.) STOCK INFORMATION				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CLASS</td> <td>AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>30,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	30,000
CLASS	AUTHORIZED					
COMMON	30,000					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8004-A ALBAN RD. CITY/ST/ZIP: SPRINGFIELD, VA 22150						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT P SALDIVAR PRESIDENT/TREAS 5723 ASH DR SPRINGFIELD, VA 22150	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE MEEHAN BLOXTON VP/SECRETARY 6564 MONET CTCOURT WOODBRIDGE, VA 22193	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF BLOXTON DIRECTOR 6564 MONET COURT WOODBRIDGE, VA 22193	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JO MARIE SALDIVAR DIRECTOR 5723 ASH DR SPRINGFIELD, VA 22150	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ ROBERT P SALDIVAR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT P SALDIVAR, PRESIDENT/TREAS PRINTED NAME AND CORPORATE TITLE	2/26/2013 DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

21404.1010--2/24/2014

File online at
sccefile.scc.virginia.gov



1. CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
ROBERT P. SALDIVAR

8004-A ALBAN ROAD
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DUE DATE: 02/28/14

SCC ID NO.: 0334773-9

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

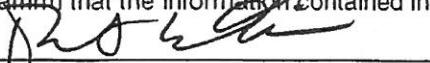
<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 8004-A ALBAN RD.	ADDRESS:
CITY/ST/ZIP SPRINGFIELD, VA 22150	CITY/ST/ZIP

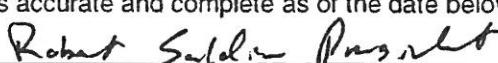
7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ROBERT P SALDIVAR	NAME:
TITLE: PRESIDENT/TREAS	TITLE:
ADDRESS: 5723 ASH DR	ADDRESS:
CITY/ST/ZIP: SPRINGFIELD, VA 22150	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.


SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT


PRINTED NAME AND CORPORATE TITLE

2/14/14

DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

+ 0457470 000003477 09SCC1
AF002V Rev 15 2/11



CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/14
SCC ID NO.: 0334773-9

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
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OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: JO MARIE SALDIVAR TITLE: DIRECTOR ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: TITLE: ADDRESS: CITY/ST/ZIP:		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

File online at
sccefile.scc.virginia.gov



215064513

1. CORPORATION NAME:

SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/15

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.

ROBERT P. SALDIVAR
8004-A ALBAN ROAD
SPRINGFIELD, VA 22150

SCC ID NO.: 0334773-9

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

129-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 8004-A ALBAN RD.	ADDRESS:
CITY/ST/ZIP SPRINGFIELD, VA 22150	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.

An individual may be designated as both a director and an officer.

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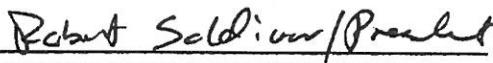
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ROBERT P SALDIVAR	NAME:
TITLE: PRESIDENT/TREAS	TITLE:
ADDRESS: 5723 ASH DR	ADDRESS:
CITY/ST/ZIP: SPRINGFIELD, VA 22150	CITY/ST/ZIP:



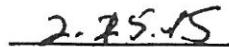
I affirm that the information contained in this report is accurate and complete as of the date below.



SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT



PRINTED NAME AND CORPORATE TITLE



DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2015 ANNUAL REPORT CONTINUED

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/15
SCC ID NO.: 0334773-9

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>			<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:</p> <p><input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>		
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193</p>			<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>		
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193</p>			<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>		
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JO MARIE SALDIVAR TITLE: DIRECTOR ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150</p>			<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>		
<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>			<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:</p> <p><input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>		
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>			<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>		

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**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



216032586

1. CORPORATION NAME: SALDIVAR & ASSOCIATES, INC.	DUE DATE: 02/29/16				
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR. ROBERT P. SALDIVAR 8004-A ALBAN ROAD SPRINGFIELD, VA 22150	SCC ID NO.: 0334773-9				
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 129-FAIRFAX COUNTY	5. STOCK INFORMATION				
4. STATE OR COUNTRY OF INCORPORATION: VA-VIRGINIA	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">CLASS</th> <th style="text-align: center; padding: 2px;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">COMMON</td> <td style="text-align: center; padding: 2px;">30,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	30,000
CLASS	AUTHORIZED				
COMMON	30,000				

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 8004-A ALBAN RD.	ADDRESS: <i>7956 Cameron Brown St B Springfield, Va 22153</i>
CITY/ST/ZIP SPRINGFIELD, VA 22150	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

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Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ROBERT P SALDIVAR	NAME:
TITLE: PRESIDENT/TREAS	TITLE:
ADDRESS: 5723 ASH DR	ADDRESS:
CITY/ST/ZIP: SPRINGFIELD, VA 22150	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

Robert Saldivar

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Robert Saldivar

PRINTED NAME AND CORPORATE TITLE

2/6/16

DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

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2016 ANNUAL REPORT CONTINUED

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/29/16
SCC ID NO.: 0334773-9

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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